COMBINED DECLARATION AND POWER OF ATTORNEY

As	а	below	named	inventor,	Ι	hereby	declare	that:
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TYPE OF DECLARATION

This	declaration is c	of the	following	type:	(check	one	applicable	item	below)
	[X] original[]	desig	Jn						
	[] supplementa	11							
	[] national st	age of	FPCT						

[] divisional [] continuation

[] continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

INTELLIGENT PUBLIC COMMUNICATION SYSTEM

SPECIFICATION IDENTIFICATION

the specification of which:

(a) [X]	is	attached	hereto.
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(b) [] was filed on . as [] Serial No.

				rrred on				-	l perr			
(c)	[]	was	described	and	claimed	in	PCT	Intern	ational	Application	
			No	·				f	Filed o	n		and
			as	amended	under	PCT Art	cicl	e 19	on		(if anv) _

CERTIFICATE OF MAILING

I hereby certify that this paper or fee (along with any paper referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service in an envelope addressed to: <u>Box Patent Application</u>, <u>Assistant Commissioner for Patents</u>, <u>Washington</u>, <u>D.C.</u> 20231

[] 37 CFR 1.8(a)

with sufficient postage as first class mail.

[X] 37 CFR 1.10

as "Express Mail Post Office to Addressee" Mailing label no.: <u>EL741157996US</u>

Date: JAN. 9, 2001

CHARLES C.H. WU

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

PRIORITY CLAIM (35 U.S.C. § 119)

[] I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S):

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (DD/MM/YY)	PRIORITY CLAIMED UNDER 37 USC 119
NONE			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

CHARLES C.H. WU, REG. NO. 39,081

[] SEE ATTACHMENT FOR ADDITIONAL ATTORNEY(S) AND / OR AGENTS

SEND CORRESPONDENCE TO

CHARLES C.H. WU, ESQ.

CHARLES C.H. WU & ASSOCIATES, APC

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IRVINE, CA 92618-3043

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(Name and telephone number)

CHARLES C.H. WU, ESQ.

TEL: (949) 251-0111

FAX: (949) 251-1588

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (S)

Full name of sole or first in	nventor:			
WEN-CHAO		5	HIH	
(GIVEN NAME) (MIDDLE INITIAL OR NAME)	FAMILY (OF		NAME)
Inventor's signature	In Chas In			
Date <u>DECEMBER 28 , 2000</u> C	Country of Citizenship <u>TAIWAN,</u>	R.O.C.		
		 -		
CHATSWORTH CALIFORNIA 91311				
Full name of second joint inv	ventor if any			
rarr name or second joint inv	rencor, ir any			
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (O	R LAST	NAME)
		•		,
-				
Date Count	ry of Citizenship			
Residence and Post Office Add	lress:			
Full name of third joint inve	entor, if any			
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (O	RLAST	NAME)
Inventor's signature				
Date Count	ry of Citizenship			
Residence and Post Office Add	ress:			

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

[]	Signature for fourth and subsequent joint inventors. Number of pages added:
[]	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
[]	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added:
[]	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application Number of pages added
[]	Authorization of attorney(s) to accept and follow instructions from

[X] This declaration ends with this page.

representative